Γ		<u> </u>	<u> —</u> В	EST A	VA	HLABLE	C	OBA.					
	PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004									Application or Docket Number			
	CLAIMS AS FILED - PART I SMALL ENT												
-	J.S. NATIONAL STAGE FEES (Column 1) (Column 2)							TYPE		<u> </u>		L ENTITY	
}-		AL STAGE FEES						RATE	FEE		RATE	FEE	
\vdash	ASIC FEE			SMALL ENT. = \$ 150		RGE ENT. = \$ 300		BASIC FEE		0	R BASIC FEE	300	
E	CAMINATION	FEE	(4) = \$	Satisfies PCT Article 33(1)- (4) = \$50/\$100		other situations = \$ 100 / \$ 200	1	EXAM. FEE		7	EXAM. FEE	120	
SE	ARCH FEE		ALL other	U.S. is ISA = \$50 / \$ 100 ALL other countries = \$ 200 / \$ 400		other situations = \$ 250 / \$ 500		SEARCH FEE	+-	1	SEARCH FEI	40	
FE	E FOR EXTR	A SPEC. PGS.	m	minus 100 =		/ 50 =	1	X \$ 125 =	17	. .	X \$ 250 =		
10	TAL CHARGE	ABLE CLAIMS	18	/ F minus 20 = .		0-		X \$ 25 =	ゲ	٦,	R X \$ 50 =	 	
INDEPENDENT CLAIMS				minus 3 = .	Æ	3		X \$ 100 #	1	Of	R X \$ 200 =	+	
_		NDENT CLAIM PI						+ \$ 180 =	1	OF	+ \$ 360 =	 	
If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OF	TOTAL	900		
	r	(Column 1) (Column 2) (Column 3)					, , [36.0. SMALL 1	ENTITY	OR	OTHER SMALL		
ENT A		REMAINING AFTER AMENDMENT		PREVIOU PAID FO	SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MENDMENT	Total	. 18	Minus	rac		-0	4	X \$ 25 =		OR	X4:50=		
N N	Independent	<u> a </u>	Minus	<u> </u>		10		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =	/	OR	+ \$ 360 =		
TOTAL ADDIT.								ÖR	TOTAL ADDIT.				
_		(Column 1)		(Column		(Column 3)							
		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBER PREVIOUS PAID FOR	l LY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	lotal	•	Minus	-		=		X \$ 25 =		OR	X \$ 50 =		
	ndependent		Minus	•••	- 1	=	>	(\$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							\$ 180 =		OR	+ \$ 360 =		
							TC	FFF		OR	TOTAL ADDIT.		
- 44	nie uithiseatum	nn 1 is less than the other Previously Paid	For IN This co.	80°E In In 11									
••	aid inflicertim	nber Previously Paid ber Previously Paid F	FOR IN THIS CO.	10E h h # -				r				I	